Hall (J. N.)

HEPATIC CIRRHOSIS.

presented

By J. N. HALL, M.D.,

Denver, Colorado.

ART LITHO. PRINTING CO., SHERIDAN BUILDING, DENVER.

HEPATIC CIRRHOSIS.

By J. N. HALL, M.D.,

Professor of Medicine in Gross Medical College,

Denver, Colorado.

[A Clinical Lecture delivered at the Arapahoe County Hospital, Sept. 7, 1898.]

The patient whom I show you to-day is 59 years of age, male, a laborer in an iron foundry. He has no family history bearing upon his present disease. He has not had syphilis. For many years he has been a steady drinker, using especially whiskey, and indulging in an occasional "spree" as well. For two months he has been unable to work and has meanwhile "assisted" about a saloon. His health has been gradually failing for many months and he has lost at least twenty-five pounds of flesh. On July 4th he drank freely and suffered the next day from a severe diarrhoea, from which he has never been free since that time. Although much mucus has appeared in the stools they have been free from blood, during the whole course of the disease. His digestion has of late been very poor; he is much troubled by flatulence, no vomiting of note and no hematemesis; no cough nor other respiratory symptoms, if we except recent dyspnoea. There has been a gradual increase for the past two months in the size of the abdomen, parallel with the increasing shortness of breath. He does not complain of itching of the skin. Upon physical examination we find the patient markedly emaciated. Although jaundice is not apparent in the skin the conjunctivae are distinctly yellow. The temperature has gone but little above the normal, pulse of fair strength and varying from eighty to ninety-six per minute. The breathing is slightly increased in frequency, tongue moderately coated; the abdomen is enlarged, flattened in the center, with protuberant navel; there is no enlargement of the abdominal veins. Upon percussing the abdomen while the patient lies upon the back we find flatness everywhere excepting in a circular space of the size of a dinner plate in the central and upper portion. Here tympanitic resonance appears. As we turn the patient to either side we find the areas of resonance constantly appearing uppermost, as we now demonstrate by means of these colored lines. Holding one hand at the level of the resonance and tapping the opposite side of the abdomen with the other we feel distinctly the transmitted wave as it strikes the fingers. There is considerable edema of the feet and legs but none elsewhere.

The area of cardiac dullness and the apex beat are displaced upward, the latter being found in the fourth space and the upper limit of the former being correspondingly raised. The hepatic dullness begins underneath the nipple at the fifth interspace instead of at the sixth, as under normal conditions. The dullness in the left flank extends upward in a curved area in the region of the spleen as far as the seventh interspace in the mid-axillary line. The lower limits of the liver and spleen can neither be felt nor delineated, owing to the presence of the protuberant abdomen and the non-resonant fluid which it contains. We infer, however, from the upward curving area of dullness in the splenic region that the spleen is enlarged. The patient's urine averages eighteen ounces in twenty-four hours; the specific gravity runs from 1014 to 1020, albumen and sugar absent; the sediment contains no casts. The diseases which ordinarily produce extensive effusion of fluid in the peritoneal cavity in a patient of this age may be summarized as follows:

Cirrhosis of the liver, disease of the heart, particularly of its valves, nephritis, tuberculous peritonitis, or the inflammation of the peritoneum accompanying the development of malignant growths, pressure upon the portal vein by tumors or otherwise. The first cause mentioned is much the most frequent one. We may particularly exclude from consideration in this case hollow tumors filled with fluid, more frequently seen in the female sex, and at times rendering the diagnosis of ascites difficult by the fact that the area of dullness is circular, such as we get when the intestines, distended with gas, float upward upon the fluid in the abdominal cavity, and not crescentic, with the concavity downward, as in the case of a distended bladder or other hollow organ filled with fluid, arising from the pelvis or lower abdomen. The negative examination of the heart leads us to exclude it as the source of the ascites. Dropsy is likely, in cardiac, as in renal disease, to affect other portions of the body if extensive ascites be present; the negative character of the urine leads us to throw out of consideration nephritis of any kind. While ascites is the first manifestation of dropsy in liver disease, edema of the legs, feet and genitals may follow the distension of the abdomen in a purely mechanical way, as a result of pressure upon the veins.

In tuberculous peritonitis pain and fever commonly occur, while in both this and the cancerous variety we generally find tuberculosis or cancer elsewhere. Until the evacuation of the fluid we shall not attempt to positively exclude these causes, owing to the impossibility of properly examining the abdomen. At such time we may also examine for any tumor pressing upon the portal vein, but we have seen thus far no evidence of such a growth. We may say, then, at present the diagnosis leans

strongly toward hepatic cirrhosis. We have a distinct history of the use of strong alcoholic liquors, so common in this disease; we have diarrhoea, considerable digestive disturbance, flatulence, slight jaundice, emaciation, ascites and dropsy of the lower extremities. Even without the vomiting of blood or its passage from the bowels we strongly suspect cirrhosis, but will suspend the diagnosis until after tapping the abdomen, we may ascertain by percussion and palpation, the condition of the liver and spleen. Should the latter organ, as appears probable at present, be decidedly enlarged and the liver be found smaller than usual, and especially should it be found rough, or "hob-nailed" as it is in cirrhosis from the contraction about islets of liver-tissue of the hypertrophied connective tissue of the capsule, the diagnosis will be established. In the absence of abnormal signs affecting the liver we must consider contraction of Glisson's capsule about the portal vein without much accompanying cirrhosis, as in the case of the negress whom I showed you last year, and whose autopsy you attended.

We shall for the present place the patient upon milk diet and give half-drachm doses of compound jalap powder sufficiently often to cause the bowels to act several times daily, with the hope of reducing the ascites. If the latter be really from cirrhosis, removal of the fluid by tapping will do little good in a therapeutic way, since it will re-accumulate more rapidly after the procedure. I shall report to you as to the patient's progress at some future clinic. At present the prognosis is decidedly grave, for patients with hepatic cirrhosis commonly die within a few months after the diagnosis is established, if marked emaciation be present.

After tapping, the hobnailed liver and enlarged spleen were found, thus confirming the diagnosis.